1F - Academic & Clinical Relationships

A - Search for

5 - Public Health Experiences for Students & Graduates

a - committee to consider Observation & Affiliation

2 - July, 1947 through December, 1947

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STATEMENT OF PURPOSE OF OBSERVATION EXPERIENCE
FOR UNDERGRADUATE STUDENTS

VISITING NURSE SERVICE OF NEW YORK

I. The Purpose of the one week observation is to enable the undergraduate to be a better nurse by supplementing the total curriculum of the school of nursing by providing opportunity to:

A. Observe types of patients not seen frequently in the hospital:

1. Chronics
2. Convalescents
3. Expectant mothers
4. Well children

B. Observe certain teaching and nursing techniques as applied in the homes:

1. Prevention of illness and promotion of family health
2. Improvisation
3. Home nursing (what to do, what to watch for)

C. See the patient in a family situation.

D. Become aware of facilities and agencies in the community which promote the welfare of the patient - (Emphasizing value of continuity of nursing service.)

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GREATER BOSTON NURSING COUNCIL

261 Franklin Street Boston 10 *Telephone:* LIBerty 8515

Margaret H. Tracy
Executive Secretary

Dorothy S. Hayward, R.N.
Nurse Consultant

Reports of Graduates
Grad. Obs.

September 3, 1947

Report of Graduates from various schools who had a day's observation with Public Health Nursing Agencies.

TO: Committee Members, Directors of Schools of Nursing, and Public Health Nursing Supervisors.

FROM: The Greater Boston Nursing Council -- Committee on Allocation of Students and Graduates for Observation in Public Health Nursing.

During the summer months, head nurses and supervisors from our Boston Hospitals have been given the opportunity to have one day of observation with a public health nurse.

These observers have been asked to write an evaluation of their experience. Twenty-two of the seventy have done so.

Enclosed you will find copies of some of these and excerpts from others. These letters should be studied for hidden values. Some of the questions which they bring up are: 1. Should written reports be required? 2. Should there be more direction as to the type and content of these reports? 3. Is the present method of sending out copies of this material satisfactory? 4. Should a similar plan be made for both the hospitals and the public health nursing agencies to report the results of the program as it affects patient care?

The name of the writer has been omitted but in each case we have identified her hospital and the district which she visited.

GREATER BOSTON NURSING COUNCIL

MEETING OF THE BOARD OF DIRECTORS

September 25, 1947

A meeting of the Board of Directors of the Greater Boston Nursing Council was held on Thursday, September 25, 1947 at 3:30 p.m. at 261 Franklin Street. There were present: Mrs. Lloyd Brace, presiding; Miss Elizabeth Howland, Sister Mary Alma, Sister Marcella, Mrs. Bradley Dewey, Mrs. Somers Fraser, Miss Mary Gilmore, Mrs. Hayward, Miss Rita Kelleher, Dr. Dera Kinsey, Miss Marion Sullivan, Miss Tracy, and Mrs. Soma Weiss.

MINUTES OF THE LAST MEETING

Miss Tracy summarized the minutes of the last Board meeting which was held on Tuesday, June 3, 1947.

REPORT OF THE NURSE CONSULTANT

Mrs. Hayward stated this report covered June, August, and September. The month of July was spent on vacation.

Florence Nightingale Nursing Service

Mrs. Hayward called on Dr. Dennehy, who is a Medical Director of the Florence Nightingale Nursing Service, at the suggestion of some of the Nursing Council board members. The Service is located in a basement office at 419 Commonwealth Avenue. Dr. Dennehy and one nurse were in the office during the visit. Dr. Dennehy is a young man who has been in service and plans to specialize in surgery. He expects to be a surgical resident at Boston City Hospital this fall. He explained the service and stated that while the cost to the patient is $2.50 an hour for nursing service, the nurse is paid $1.25. He states that the service is growing and that he has plenty of young nurses from Boston hospitals who are willing to work odd hours and during their time off duty for him. The service is owned by the Dennehy family and the Board of Directors are all members of the family. Dr. Dennehy stressed the fact that he has all kinds of expensive sterile equipment ready for use which is a great help to the physician.

Public Relations

In June, Mrs. Hayward assisted with a radio broadcast on nursing over station WNAC. Throughout the summer all of the Boston radio stations carried slogans on the recruitment of student nurses. Releases were sent to all newspapers on enrollment for the fall classes in the Greater Boston schools of nursing. A release was also sent out at the time Mrs. Wickenden received the Medal for Merit.

Attached to these minutes is a report of an editorial from the New England Journal of Medicine which was printed as a result of our Ten Year Report.

Talks

Mrs. Hayward spoke to the first year students of the New England Deaconess Hospital in August. She has also helped to arrange a meeting on public health nursing for the Committee on Local Social Planning of the Greater Boston Community Fund and Council, which will be held October 2, at the Wellesley Country Club. Miss Sophie Nelson and Mrs. John Harrington of Waltham will be the speakers.

Meetings

In June, the Nursing Council called a meeting of public health nursing organizations in Greater Boston to discuss and review the public health nursing section of the Study on the Unmet Needs for the Care of Sick Children. The agencies represented participated in the study and were pleased to have an opportunity to inform themselves of the findings. In June, Mrs. Hayward attended the New England Division Meeting of the American Nurses Association which was held at Portsmouth, N. H. The Structure Study, personnel policies, counselling, and placement were the chief topics of discussion. She assisted in arranging a meeting for staff nurses for the State Nurses Association which is expected to result in a formation of a staff nurses section.

REPRESENTATIVE TO THE HEALTH LEAGUE

Attention was called to the fact that the Greater Boston Nursing Council appoints an official representative to attend the meetings of the executive committee of the Boston Health League. This is usually a public health nurse. Miss Sullivan served in this capacity last year. It was

VOTED that Mrs. Evangeline Morris be asked to act in this capacity for 1947-1948.

COMMITTEE ON OBSERVATIONS AND AFFILIATIONS FOR STUDENTS AND GRADUATES IN PUBLIC HEALTH NURSING

In Miss Johnson's absence, Mrs. Hayward reported that the two sub-committees of the large committee had been very active during the summer. Miss Bond, as chairman of the Committee on Allocation of Students, has worked out an excellent plan for the placement of 513 students for whom the schools of nursing have requested one day of observation. These observation periods have been allocated to Boston Visiting Nurse Association, Health Department, School Department, and the number of requests nearly equal the number of placements these agencies could give. It was

VOTED that the Board of Directors wishes to express its appreciation to Miss Bond for her excellent work and that this plan be written up and sent to the N.O.P.H.N. since Miss Connor is working on this problem.

The sub-committee on Integration, Miss Ethel Easter chairman, has also been meeting to work out a plan so that all students will have a common background in preparation for their day of observation and so that the public health agencies will know what the students have had in the schools of nursing. At the present time, three steps are being developed: (1) general information and directions for students, (2) objectives, and (3) a teaching plan for use in schools of nursing.

STUDENT RECRUITMENT

Miss Tracy reviewed the work which has been done in student recruitment. The first committee was organized in 1943 and agreed that, under the chairmanship of Miss Ethel Carlson, visits should be made to junior high schools, high schools, and colleges in order that young women may take the proper course to be eligible for entering schools of nursing. It was also agreed that the committee should contact womens clubs and other similar organizations to bring before them the importance and need for nurses. Nurses were recruited from Boston College School of Nursing, Simmons, and the Community Health Association to do this speaking.

In the spring of 1943 nurses spoke in the Boston schools by arrangements through Miss McDonald. In November 1943 speakers again appeared in the Boston public schools, and in the high schools there were follow-up meetings in March, 1944. Many of the outside communities also had speakers.

On November 2, 1944, there was a conference with the guidance counsellors in the high schools. In the fall of 1944 Miss Bowen became chairman of the Recruitment Committee. During 1944-45 there was a total of 57 talks in the high schools. During the winters of 1945-46, 1946-47, Mrs. Hayward spoke in all the senior high schools in Boston, and in 1945-46 the junior high schools and several of the neighboring towns. Mrs. Hayward and Miss Tracy both raised the question as to whether there should be an active committee interested in student recruitment. The Board of Directors were agreed that there should be such a committee, if possible, a lay person should be selected as a chairman and that District No. 5, Red Cross, Massachusetts Medical Society, and Federation of Womens Clubs should be represented on it as well as other interested groups.

SCHOLARSHIP FUNDS

From the early days of the Recruitment Committee it has been stressed that there is need for more scholarship funds, particularly ones which are available at the time the student enters the school. Last spring in Toledo, the six schools of nursing offered 24 scholarships to young women in the vicinity wishing to enter training. No money was spent, but the schools offered from 1 to 4 scholarships each and the students were permitted to designate the school in which they wished to train. No final decision was reached in regard to such a committee, but it was agreed that this should be a topic of discussion at the first meeting of the directors of the schools of nursing, and should be discussed by the Hospital Auxiliary group.

AMERICAN NURSES ASSOCIATION

Mrs. Hayward reported that she attended the special meeting of the House of Delegates of the ANA in Chicago, September 13 and 14 as a delegate of District No. 5 of the MSNA. In reporting on this meeting Mrs. Hayward gave some of the background leading up to it, which is briefly as follows: In 1939 the Board of Directors of the ANA voted that a special committee be appointed to consider the possibility of consolidating the three major national nursing organizations, and a year later voted to recommend to the NLNE and the NOPHN that a study be made of the three national nursing organizations to ascertain how they may function in a more uniform way.

The next definite action occurred in January 1944, when the boards of the ANA, NLNE, and NOPHN voted to undertake a joint survey of their organization structure, administration, functions, and facilities to determine whether a more effective means can be found to promote and carry forward the strongest possible program for professional nursing and nurses.

A joint committee of these three organizations was set up and the National Association for Colored Graduate Nurses, the Association of Collegiate Schools of Nursing, and the American Association of Industrial Nurses were asked to join. As a result, the Raymond Rich Associates were retained to do the study. The study was financed by the six national nursing organizations, individual nurses, and a grant from the American Red Cross. The Rich report was presented at the Biennial convention of the ANA in Atlantic City in September 1946. The House of Delegates at that same convention, presumably through misunderstanding, voted that the ANA continue membership on the Joint Committee with no vote or action; also, that the ANA continue independent study. During the year, the ANA has worked independently, and the Joint Committee has continued their study. Recommendations from both the ANA and the Joint Committee were formulated. These recommendations with many from the states and individual nurses were presented to the House of Delegates of the American Nurses Association at the special meeting held in September of this year.

The result of the voting at the special meeting of the House of Delegates was (1) that the House of Delegates support the Joint Committee on Structure which we supported last fall and that we give our representatives power of thought and vote, (2) that the matter of ANA financing of the Structure Study be left to the Board of Directors of the ANA, (3) that the matter of representation on the Joint Structure Committee be decided at the meeting of the Joint Boards of Directors of the six national nursing organizations which will be held shortly, and (4) that the ANA Board of Directors resolution, which was presented to the House of Delegates, be deferred until the next ANA Biennial for consideration.

Mrs. Hayward reported that the reports which came from the study groups all over the country showed that great thought and consideration had been given to the problem, that over and over again the nurses stressed the fact that they want unity, they want more time to consider a plan and that in whatever new plan is presented, the district to state to national relationship should be preserved. It also seemed that the majority were in favor of some new type of structure.

The meeting adjourned at 5:15 p.m.

MARGARET H. TRACY
Executive Secretary

GREATER BOSTON NURSING COUNCIL

1947

261 Franklin Street Boston 10 *Telephone:* LIBerty 8515

Margaret H. Tracy
Executive Secretary

Dorothy S. Hayward, R.N.
Nurse Consultant

October 10, 1947

TO: Members of the Committee to Consider Observations and Affiliations for Students and Graduates in Public Health Nursing.
Members of the sub-committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum.
Directors of Schools of Nursing.
Public Health Nursing Coordinators in Schools of Nursing.

FROM: Greater Boston Nursing Council

Miss Johnson, Chairman of the Committee to Consider Observations and Affiliations for Students and Graduates in Public Health Nursing, has suggested that a progress report be sent to those who are concerned with the program of her committee.

Much to our regret, Miss Mary Bond, who was Chairman of the Committee on Allocation of Students, has left Boston to accept a position at Teachers College, Columbia University. Instead of waiting for the appointment of a new chairman to this committee, Miss Johnson suggested that Mrs. Hayward carry on with the excellent plan which Miss Bond had prepared before she left. You will be pleased to know that the plan is in operation and that the students are reporting to the three agencies for observation.

Enclosed you will find copies of material which has been prepared by the sub-committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum. It is the hope of the committee that you will all look this over and make any corrections or suggestions you wish. Directors of schools of nursing and public health instructors in the schools are asked to use it, always bearing in mind that changes can be made if necessary.

In the near future, it will be necessary to work out a plan of payment to the public health agencies for the student observations, and it would be helpful if directors of schools of nursing would give some thought to this. Will members of the committee also be thinking about the next responsibility of this committee.

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MASSACHUSETTS EYE AND EAR INFIRMARY

A week ago Wednesday I was fortunate enough to have the opportunity to spend a day with Miss Taylor, one of your visiting nurses in the South End. We visited eight patients. I was keenly interested in the amount of teaching the nurse did in the homes.

The "field trip" was certainly worth-while. Since I had had no public health work as a student and have had none since graduating, the day with the nurse gave me some understanding of the numerous duties of the visiting nurse

South End

MASSACHUSETTS EYE AND EAR INFIRMARY

I want to thank you for the most impressive and constructive day which I spent with Mrs. McDuffy of the Charlestown District. In making visits it certainly showed me the types of homes still existing today. Now, when discharging a patient from the hospital, I will have a much better idea into what kind of homes they are sent and how little care some must get.

The visiting nurse certainly has a great responsibility and certainly a ray of hopes to desperately needed families and homes. The day on the district has given me a better idea and living conditions of people of which we get quite a number in our hospitals.

It certainly gives one hope to know of the good work that our V.N.A. is doing. I never realized under what conditions and the homes they had to visit. This has been very enlightening and I did appreciate it very much. Thank you.

Charlestown

NEW ENGLAND BAPTIST HOSPITAL

I enjoyed my day of observation with Mrs. Seneca at the Fields Corner District this past week. It was most interesting to see the varied types of cases the Visiting Nurse attends. Also, it was so encouraging to see how much faith these patients obviously have in these girls. There is something in their means of teaching as well as administering nursing care which makes one feel that she is "the word" in what is right. By asking many questions which came into my mind during the course of the day, I feel that I learned many little bits of information which may help me in my work at the hospital when the occasion occurs to advise the patient regarding the duties, etc., of the V.N.A,

Field's Corner

CHILDREN'S HOSPITAL

Today was my day for observation with the V.N.A. and I must say in all truthfulness, it has been the worst depressing day in my five years of nursing experience. In short, if my day was at all typical, I don't see how anyone can tolerate it.

We visited a diabetic woman who had amputation of the toes of her left foot and being in bed at home had developed pressure areas on the right. Indeed her condition was deplorable but this was not all--she was taken care of entirely with the exception of one daily visit (to do the dressing and give her insulin) by her feeble husband who is nearly blind and certainly completely worn out by constant care of his beloved wife. Their only support--$19.50 for every two weeks--which had to cover everything. No agencies were helping this family.

Next, a new mother was shown how to bathe her baby. She had the most up-to-date and fully equipped nursery I have ever seen. Then on to a woman who had been discharged from a local hospital with gangrene of her left foot. At this point, it had extended toward calf with development of two draining areas. Odors--dressing and all, this poor woman suffers patiently at home knowing that amputation must come but getting no word from the hospital except amputation in about a month. Our aid--daily dressing and pleasant words.

Next, a premature baby was to be seen whose mother was just seventeen years old, living with her parents, large family--a mere child herself. The baby was discharged from the hospital at 4lbs, 6ozs. to conditions such as these. Service--just to see if the baby healthy. Teaching?

Another baby was next. This time a very capable young mother who had been faithful to all mothers meetings and had received complete instructions from the hospital including bath demonstration, was shown how to give her baby a bath. She had, however, been doing this herself with no qualms. So, why was this necessary? Is nursing care being given where it is needed?

A man with a fracture of the leg received services next. The fracture having occurred in early spring. No check of X-Rays since March (now July). Exercises were carried out. This only, over a period of many weeks with no advancement as his condition improved. Was this service of any value to this man? Could not a member of the family exercise his leg after a few lessons, or why not help with contact of a doctor to give further advice rather than carry out obsolete orders now probably without value.

Last but not least--to see a mother of eight children, the youngest eight months, a pathetically pale undernourished child who has never been seen by a doctor. The mother, herself, incontinent with ureterocele and rectocele and retroverted uterus --never having been back to the hospital for a postpartum visit. Eight children, mother and father living, or shall we say existing, in two rooms. The services given, advice to mother that she take baby and self to clinic. This to a mother of her caliber would rather obviously not be taken nor understood.

Continued

Could we not get some help from an agency, transportation for a clinic visit or maybe someone to stay with the children while the mother visited the clinic. Words -- words -- idle words -- Is the V.N.A. giving its services where it is most needed??

Grove Hall

CHILDREN'S HOSPITAL

I found my one day of observing the functions of the Visiting Nurse Association to be both interesting and profitable. Several impressions that I had had previous to that day were radically changed.

First of all, I was under the impression that all the homes which I would visit, would be dirty and occupied by the poorest of people. Five of the nine homes altered this opinion--the children were neat and the housekeeping was of the best quality.

Secondly, the amount of teaching by the nurse was underestimated by me. In practically every situation encountered, there was opportunity for instruction either relevant to the purpose of the visit or to other matters. In many instances, all the teaching necessary could not be accomplished in one visit because in order to do so, the nurse might lose rappant with her patient. As an example, on one of our prenatal visits we heard a mother reprimand her child by threatening admission to the hospital if she did not do as she was told. As the mother was one who seemed to resent the nurse, connection of her way of reprimanding could not be done on all the good that had been accomplished in having her attend clinic regularly, which she hadn't done previously, would most likely be lost.

I certainly feel that the Public Health on visiting nurses is essential and will try to have more of my patients who need nursing care on discharge, followed by them.

Hyde Park

MASSACHUSETTS GENERAL HOSPITAL

It was a real privilege to be allowed to accompany Miss Evans of the Charlestown area on July 25. It was a most profitable day. We saw a variety of patients and problems, and it was a delight to observe Miss Evans' skillful handling of the teaching. I feel that I not only have gained a better knowledge of the situation into which many of our patients go, but also a better understanding of some of our lay employees who come from that area and similar ones.

Please let me express my appreciation to your organization for making this opportunity for graduate nurses.

Charlestown

Miss Perkins

MASSACHUSETTS GENERAL HOSPITAL

Report on Observation in Public Health Nursing

At 8:30 a.m. I reported to Miss Daniels at the North West End Health Unit. There, after a brief introduction reviewing and adding to information I had acquired in a previous conference with Miss Daniels, I had time to examine health teaching materials and the record of Mrs. Eari who was to be visited first.

From this record, I learned that the family had been known to the Visiting Nurse Association since 1931 chiefly in conjunction with the mother's six pregnancies but also for the nursing care of minor infections to which the children seem prone. Mrs. Eari appeared from the record to be lacking in optimum ability to cope with the family situation. Whether this is due to poor health, inertia derived from some lack of mental stamina, or other causes seemed not to have been decided. The eldest daughter, now 16, wishes to leave school and to work for her own gain according to a previous conversation with the nurse. The other children range in age down to Michael who is five.

From Blossom Street we walked over to the North End Unit pausing briefly to be fortified which became more welcome as walking, fresh air, and the span from a six-thirty breakfast to a nearly one o'clock lunch all produced an excellent appetite. Even though it was a real summer day, I enjoyed being outdoors and the exercise and a sense of "freedom at work" which to be sure derived in part from my capacity as an observer but also from the contrast with my own work in the hospital as a teacher. The visiting nurse all the time has to be able to use more and a wider range of knowledge than the classroom instructor of nursing. But the person-to-person teaching emanating from the immediate and overall needs of the patient and family permit an ease and informality that is most refreshing after a rigid schedule, content packed past the learning point, and a deadline. The give and take between nurse and patient, the skillful waiting for the just right time to make a special point and the later opportunity for reiteration and for the learner to ask questions all impressed me.

At the North End Unit there were several men and two women patients waiting to receive insulin after their urine tests were done. The urine tests were done simply and expediently with a minimum of equipment but good technique. A coffee tin was used in which to boil up the test tubes and a candy box because the width and height of the side made a good rack.

The patients were interested in the color of the urine tests and had rather glib explanations of "too much fruit" when the colors revealed their deviations from diet. These patients were the "unteachables" who could not or would not give themselves insulin. The nurse gave them advice and admonitions and directions relative to fluids, diet, etc.

Since some of my teaching includes hypodermic medications, I was especially interested in the technique and management of equipment which was so simple. I wondered why the syringes were boiled up in an open pan instead of covered, but I did not ask about it because I did not want to make the nurse self-conscious about her every move. I think the idea of having a little notebook for each patient to take to the hospital clinic showing the series of urine tests and other data is a splendid idea.

Just one opportunity to see these patients was like looking through a pin-hole and I did not feel justified in drawing too many conclusions about the teaching content, method, and chances of success though I thought the rapport was very good and the suggestions well taken.

2. This visit was a routine post-natal call. The baby was bathed by the nurse and the navel inspected, cleansed, and dressed. Instructions were given relative to the care of the cord. The fact that the nurse expected the questions the mother asked and found them reasonable as revealed by her manner and answers was contributory to the nice rapport that existed. The mother naturally knew how to bathe a baby and though she was tired she was up and around so that I found myself wondering later why the nurse gave the bath.

Irregularity of feedings and lack of breast milk were the two main problems. For none of her children has Mrs. Eari established a feeding schedule. She accepted the very good directions but one wonders if this lack of routine is not the main cause of her difficulties.

The home was untidy but not as far as I saw dirty. The kitchen was picked up so that it was easy to start the care. The hair of both mother and daughter was long, uncombed, and oily. There was an impression of carelessness.

Michael, aged 5, not very dirty considering that he had been playing in an obnoxious alley, came in and divided his time between observing the baby bath and whining at his mother indistinctly begging for - it developed - a bottle of Pepsi-Cola. The nurse in his absence made the point that it might be his mother's attention he most wanted. Interestingly, his eldest sister wearying of him told him several times to go get the tonic but not until his mother granted permission did he go. The nurse made no specific recommendations to Mrs. Eari concerning Michael. She seemed receptive but not convinced to me.

Two other children came in and watched part of the bath as they went about the room. The relationship of all with the nurse was friendly and pleasant. The acceptance by the children of the baby was so normal that it was conspicuous.

Mrs. Eari asked the same question several times not because the points were obscure but more to have further convincing. That she felt free to do this and that patiently and with gentle emphasis the nurse continued to drive home directions was a real credit to her.

From the Eari household, we went to the home of Mrs. _____. She appears to be in her sixties. She has had a cerebral accident with a left side involvement. Moveover, she had had a left radical mastectomy which naturally complicates the problem of using her arm. Language presents a real difficulty here. She can barely make herself understood nor does she grasp much English. She seemed eager to show off her ability to walk. While her gait is affected because she keeps the knee stiff and swings from the hip like a person on stilts she moved around without supporting herself much. Her grit and good nature were most commendable. The purpose of the visit was to give guided active and passive exercise. The nurse made herself understood and comprehended the patient remarkably well. I could not judge fairly the likelihood of benefit nor the place of the current exercises in the patient's total progress. The fact that Mrs. _____ walked down and up quite a

flight of stairs was impressive in itself even though she had not mastered the way the nurse was trying to teach her. Again to be able to follow these patients day by day and to see them at home trying to adjust made me envious.

The afternoon visits were varied ranging from the inspection of some skin lesions on a wiry, fairy of a child to real morbidity nursing for a patient with Bright's disease. The realization of the place of the Public Health Nurse in the lives of so many of the people in this area was brought home time and time again by the cheery greeting, by the questions about the youngest child, the baby on the way, the grandmother, by the bright-eyed youngsters sidling up to be spoken to and their obvious glee when attention was focussed on them. "Are you coming to see me today? Tomorrow, then." "Nurse, I gotta talk to you." "How do you think he looks?" "He isn't eating like he should, nurse." "What about an emena?"

Down every street and alley, she was hailed and I was included in a delightful friendly way. Advice, encouragements, praise, cautious flowed in all directions. The friend-to-friend, direct manner with just enough professional authority and a little personalized comment showed an expert in human relationships at work. I had qualms of conscience for each of these people who have had to come to the hospital. They experienced friendly, personal interest in contacts with nurses in the district; how they must be hurt and puzzled with some of the brusque, abrupt impersonal ways of nurses in hospitals. How can we keep the walls of an institution from closing in on us? If the visit for a day of each student accomplishes this, alone, what a long way we'd come!

The practice of the nurse in a new situation even though the family was known were shown during the visit to Mrs. Agroppino. She was in bed in a stuporous state but responded when addressed. She was diagnosed as having Bright's disease and for the last night and day had been unable to retain any fluids p.o. She had refused care from her daughter (? in-law) but did not protest when bath, bed, back rub, hair, and mouth care were done.

In no time the few needs of the nurse were provided, her work area was established, temperature taken, and nursing care was underway. The daughter was "sickness-wise" which meant many things were already at hand but they were more organized at once. While I am sure the nurse could have coped with the entire visit, I was glad to be useful as part of my expression of thanks for the experiences of the day and because I longed to give a hand. It was a low, wide, soft bed and Mrs. Agroppino was a dead weight. I had been in that kind of a nursing situation before.

This apartment was full of sun and air - and some flies. The family was obviously in very good circumstances but why don't any of them have screens when the garbage streaked, filthy gutters and alleys are just below? The rooms were orderly and there was an abundance of bed linen--which I hear is more likely to be true among Italians than other groups.

When the daughter lighted the gas hot water heater, she tore a piece of newspaper off, lighted it from the gas stove pilot and carried it several feet to the heater. This is a dangerous and unnecessary habit left over from earlier days. No comment was made about this practice.

The next to the last visit was several, I think four, flights up a narrow, completely unlighted and unventilated steep stairway. A family of fourteen live in four rooms. The mother, a young appearing jolly woman was decidedly overweight. As she walked, her run-over broken down bedroom slippers slapped and slopped. This was not the time to go into diet and shoes with a stranger around. These people were sensitive and wanting approval in a way I had not been conscious of with other groups.

The visit was concerning a boy who had fallen and hurt his back. He was directed to a clinic for a check-up. One of the children had had a severe torticollis but it was no longer a problem which certainly indicated early recognition, prompt and good treatment and care.

I was impressed with the healthiness and fresh cleanliness of bright-eyed youngsters sitting in doorways, with the cleanliness and dress of babies, with the range of Americanization from the grandmothers who speak practically no English to the nice appearing young mothers and high school boys and girls, one would have to think twice about to separate American into Italian origin. I was struck by the fact that the nurse's contacts were entirely with women and I wondered how that has changed the sphere of influence of Italian women within the home. How have the men responded to the second hand authority of "The Public Health Nurse says to do thus and so."

The whole day was stimulating and gave me many leads for further consideration. It also increased my sense of frustration with Boston's political set-up as it is reflected in fire traps, garbage, etc. I may also say I am aware that owners of some of that property are Italians and some of them Brahmins. This experience made me - again - impatient with the institutional pressures that help to render one's outside interests anemic. My interest in each one of those families continues high both for them as people and for the implications to a teacher.

North West End

NEW ENGLAND BAPTIST HOSPITAL

The day of observation of the work of the Visiting Nurse Association at Field's Corner District was an interesting and instructive one for me. The wide variety of nursing care and health instruction given, the relationship of the Visiting Nurse Association to the hospitals, health department and social agencies and the techniques employed in home nursing are all subjects concerning which I had an interest but little information.

I was able to observe pre-natal and post-natal care, care of the chronically ill and convalescent care of the patient discharged from a hospital. The role of the family and the economic situation in the care of these patients emphasized the importance of considering these factors in the care and preparation for discharge of hospital patients.

Thank you for this opportunity.

Field's Corner

MASSACHUSETTS GENERAL HOSPITAL

I had the privilege of a day in observation of the Visiting Nurse Association in action on July 31 at the Grove Hall unit. I feel that the trip was definitely worthwhile in presenting the idea of total care for the patient to the institutional nurse. The objectives outlined for us were fully realized. Since the trip I have discussed the day's events with many of my fellow-workers. The impression I have striven to give them is perhaps the best evaluation I can offer you.

The institutional nurse who bundles her patient into the waiting car, waves goodby, and then dismisses him from her mind as thoughts of the busy ward 'back there' intrude, too frequently does not realize that the patient's need for nursing care continues beyond the reach of the hospital. The feeling of insecurity of the young mother overwhelmed with the responsibility of bathing, feeding, and rearing a tiny speck of humanity--the longing for encouragement of patience and perseverance seen in a mother's face as she watches her boy slowly recover from rheumatic fever--the anxiety and bewilderment of the foreign-born G.I. bride, deserted by her husband and with the prospect of waiting out pregnancy alone - we in the institution sense none of these. It is the nurse on the district who meets these problems, carrying on where the hospital left off or preparing the way for hospital admission.

I am a nurse on a psychiatric ward. We are discharging a patient with Parkinson's disease to his home, a place of discomfort for him and a good deal of open hostility which threatens to return him to his former state of depression. Yet there is one glow of hope that I can feel since my observation visit; for the doctor has left orders for the V.N.A. to carry on. His total care will not stop at the exit door of the hospital.

Grove Hall

MASSACHUSETTS EYE AND EAR INFIRMARY

"Trailing" Mrs. Carls, I today enjoyed the privilege of observing a visiting nurse at work. To me, this was a new experience, and one from which I gained a better understanding of the problems (and their solutions) of the underprivileged peoples of Boston. Our tour took in prenatal, postpartum, general and specific cares. The particular section I viewed was a tenement settlement where the inhabitants were mostly of the Latin race living in the lower wage brackets.

From this trip, I acquired a keener realization of the public health nurses' work, skills and allied agencies. The organization set-up was explained to me and its operation demonstrated. I learned that the visiting nurse concentrates her efforts upon prophylactic medicine, while her duties call for necessary treatments beyond the skill of the layman. Her personality must be outgoing in order for her to establish a rapport with not only her patient, but also with his family and friends. Once a friend, she too is brought into their confidence and her helpful advice, consolation, and guidance combine to aid these people in difficult adjustments. In return, she gains cooperation, gratitude and unmistakable esteen.

As a result of this opportunity, I feel as if I could return to my particular branch of nursing, more confident of knowing the available services rendered to needy patients.

East Boston

MASSACHUSETTS GENERAL HOSPITAL

Even though I had had a previous visit with a visiting nurse, I feel I learned even more this time than before. The first was in New York City. A much better realization of the relationship between the hospitals and the V.N.A. was made. The cooperation between them for information and patient care is more than I knew.

The Visiting Nurses also have a wider scope of therapy and teaching than the average nurse. Ante and post-partum care, physiotherapy, nutrition must always be in mind. I saw how much excellent nursing care is given even though the handicaps are often immense.

In all, I think this trip gave me a better understanding of the patient's behavior in the hospital as it is caused by his home environment. After seeing the differences in environment, I cannot help but see why each person reacts differently.

It would be good if the public could be educated to the fact that the V.N.A. is a distinct, independent organization. Even a good many professional people think it is part of the City Health Department.

South End

Miss Sheran

MASSACHUSETTS GENERAL HOSPITAL

This is a belated thank-you for the visit in the North and the West Ends on Tuesday, July 22, which I made with Mrs. Merrow and Miss Skene. As the instructor in sociology and psychology, I have tried to get acquainted with the neighborhood near our hospital, and I have long wanted to meet some of the patients in their own homes, since I have no contact whatever with them on the wards. My courses are built around the neighborhood, the students' needs, and the characteristics of the patients in their families as far as I know them--which isn't very far.

I knew pretty well, then, before reporting to the West End Health Unit my purpose in spending the day, and was free to examine the records of the patients for significant factors. For the first time I saw a copy of the report from the Central Index, though I have long read and taught about its data.

Our first visit, to the North End Health Unit, involved five patients with diabetic urines to be tested and insulin to be given, since, for various reasons, family or home conditions made it impossible for these procedures to be carried out reliably elsewhere. Several were patients with an MGH history, past or present. Mrs. Merrow showed how the hospital dispensary keeps in touch with the VNA by the little notebooks, and vice versa.

The next was the first postpartum visit to a mother discharged the day before, after Caesarean section. The mother had lost her first baby at birth several years ago, was mentally somewhat retarded, and had a tendency to get others to do the work for her. Though less than thirty, she looked fifty, and had an attractive stepdaughter in the midteens who was obviously jealous of the mother and, to a less extent, of the new baby. The two quarreled about the still-undecided name of the infant!- while the father retreated entirely to the bedroom. The question arose when Mrs. Merrow explained and stressed the importance of the birth certificate. The child had been bathed and fed by a cousin before our arrival. Mrs. Merrow's inquiries about the mother and the baby were made methodically, without waste of time, but never hurriedly. Her examinations were thorough and pleasant, and she was alert to all kinds of other things--a strange rash on the ten-year-old face of a visitor from downstairs who had been swimming in the Charles River, for instance.

Our visit to an old woman still partially paralyzed after cerebral hemorrhage had as its purpose exercise and massage to the affected parts. During our stay here, Mrs. Merrow managed to learn and give much information in spite of language difficulty. The fact that the conversation was exclusively Italian on the one side and almost completely English on the other made no difference. The question of cockroaches and their control came up here, inevitably, and was managed without embarrassment on either side. This patient, whose language and customs had made her disregard the doctor and follow instead the advice of friends of a year or so ago to supply leaf poultices to a breast tumor, had triumphed over all the people who had expected her to die and was magnificent in her determination to overcome her disability. She has learned to go up and down the one flight of stairs and is slowly regaining use of the affected arm and leg. As we left, her daughter and new grandchild entered, both known to Mrs. Merrow who eyed them critically and muttered pediatric particulars later to me.

After noon, I returned to Miss Skene in the West End. The Greek family whom we first visited in their fifth-floor apartment was unique that day for their ample living space, cle nliness, intelligence, and demonstrated affection for each

other. The father had had a lung abscess; Miss Skene changed the dressing while the entire family joked outside, showing, nonetheless, their concern and interest in the progress of this member of the family. There was room here for privacy and quiet; a dining room used only for this purpose was visible from the entrance; the uncle closed the front door which I had carelessly left ajar and through which cooking smells from the floors below were wafting. There were several luxuries here, too -- Elizabeth Arden toilet water, many clean shirts which the daughter was meticulously ironing, and the electric iron, refrigerator, and washing machine. Both daughters had completed business school, but only one had taken a job afterward; the other, following the Greek custom, was staying at home with the parents, at least for a while, and helping the fragile mother.

We had hoped to make an initial visit to a woman in her first pregnancy, now advanced five months, but she was not at home. She had been referred by a satisfied customer--her sister-in-law. Our five-flight climb up the dark, rotting stairs illustrated clearly some of the features of poor housing. Plaster was falling from the ceilings, and I should have considered the stairs unsafe. Outside the apartment door stood the can of kerosene which I had heard mentioned before but had never seen, with the oil splashed about, and the stairs were littered with newspaper, dustcloths, and other things which made us understand once more why fire has played so important a part in Boston's history. I learned so many things from the hasty visit to her house that I regretted keenly not having met her in her home. Inquiry among her neighbors on other floors might have been helpful or not. This was the most depressing house we saw, especially after the contrast of the other.

The last visit was to a young woman in the sixth month of her third pregnancy, who obviously welcomed the young nurse, was anxious and uneasy for a reason Miss Skene was unable to ascertain--perhaps because of my presence. This was the first visit to the family, too. Their toilet facilities were outside the apartment. The kitchen was clean, large, and colorful, and the other rooms were larger than I had expected from the street. The husband, whom we did not meet, was unemployed, untrained, disdainful of wages of $30.00 a week, but was to receive $20.00 weekly as a discharged veteran for only one more month; the rent was $12.00. The young woman was dainty and attractive and freshly groomed. She had been having vague "backpains" and described herself as feeling "different" in the past few days from her past pregnancies. Part of her difficulty may have been due to the need for abdominal support, which Miss Skene specifically suggested but which she refused. She had had a bruise on the forehead and eye, which she only vaguely explained. Her diet seemed adequate; despite her liking for breads and sweets, she had gained only five or six pounds. Urinalysis was normal. She had almost enough clothing left from the other babies for the new one.

I greatly admired the way in which Miss Skene repeatedly and casually gave this patient opportunity to identify some of her uneasiness. She was obviously in need of some help and unable at the time to express the need to outsiders. She talked freely enough at times. She accepted eagerly the bulletins from the Massachusetts Department of Health and from the Children's Bureau. "I've had these before, but some of my friends wanted them worse than I," she said.

I regret not having had visiting nurse experience, and hope some day to remedy the lack! In the meantime, this was a most enlightening day and I shall try to pass on to the students some of the concepts so vividly illustrated.

North West End

CHILDREN'S HOSPITAL

The day I spent for observation with the Visiting Nurse Association in Hyde Park was most profitable. It gave me an idea of the work of the public health nurse. I made eight home visits; two families were not at home. I was impressed with the good relationship between the nurse and the family.

I think that one day's observation, although too short, will give the students an appreciation of the adjustment necessary in the carrying out of procedures in the home, as well as an understanding that the underlying principles are the same.

The day's observation brings out the fact that there are also many different types of homes and the importance of knowing the patient's home environment in order to give the best nursing care. It would be excellent if the student had the patient at the time the visit was made or after the patient went home. However, I know how difficult the administration of details can be, and I think visits like that could be arranged in the home school in connection with the clinical course.

The supervisor and staff nurse both were helpful.

Would it be possible to obtain the Manual of Nursing Procedures and Techniques of the Visiting Nurse Association.

Hyde Park

E X C E R P T S

FAULKNER HOSPITAL

"I found it very interesting and helpful as I often wondered just how the work was done. It is surely a great service and very well planned."

Hyde Park

NEW ENGLAND BAPTIST HOSPITAL

"I certainly feel better informed so that I can pass on to my patients any information they would need if it was necessary for them to have a nurse after they go home. It is a service for rich and poor alike.

"If I was just starting out, I would be tempted to go into Public Health Nursing."

Field's Corner

E X C E R P T S

NEW ENGLAND BAPTIST HOSPITAL

"The Public Health Nurse is called upon to do a great deal of nursing care and teaching probably because hospitals are discharging patients sooner due to early ambulation post-operatively. If family and patients are taught in hospitals the technique of simple nursing duties to be carried out, with the Public Health Nurse to continue as counselor and teacher in the home, it is helpful to doctor, patient, and nurse. It was a day well spent."

Field's Corner

CHILDREN'S HOSPITAL

"I found of particular interest the closer approach to problems, made possible by visiting in the patient's own home and natural surroundings."

Grove Hall

"I was given a chance to fully observe many types of cases and feel that the Visiting Nurse Association is doing a splendid job."

Hyde Park

FAULKNER HOSPITAL

"I never knew that nurses in other fields of nursing were doing such wonderful work. It must be very difficult to go into a home and have nothing to work with.

"I would enjoy another day of observation in Public Health Nursing."

Hyde Park

BETH ISRAEL HOSPITAL

"While observing, I had the pleasure of visiting all types of patients. In each home the situation is entirely different and the visiting nurse must adjust herself to it.

"I hope that all institutional nurses are able to get this opportunity to observe with a visiting nurse for it helps for a better understanding between them."

Grove Hall

E X C E R P T S

MASSACHUSETTS EYE AND EAR INFIRMARY

"Mrs. McDuffy, acting charge person for the Charlestown Unit received us most graciously and certainly was informative regarding their work. I made visits with a cadet, a very sweet, bright, and willing worker. She not only did a grand job in her assignments but her teaching was outstanding."

Charlestown

MASSACHUSETTS GENERAL HOSPITAL

"The procedures were carried out quickly, professionally, and yet in a friendly cheerful manner."

Charlestown

1947
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MEETING OF THE DIRECTORS OF SCHOOLS OF NURSING

Friday, October 31, 1947
45 Bromfield Street
3:00 p.m.

There was a meeting of the directors of nursing services and directors of schools of nursing on Friday, October 31 at 3:00 p.m. at 45 Bromfield Street.

The following schools of nursing and organizations were represented: Beth Israel Hospital, Boston Health Department, Boston University School of Nursing, Cambridge City Hospital, Carney Hospital, Children's Hospital, City of Boston - Department of School Hygiene, Faulkner Hospital, Lawrence Memorial Hospital, Malden Hospital, Massachusetts General Hospital, Massachusetts Memorial Hospitals, McLean Hospital, Melrose Hospital, Mt. Auburn Hospital, New England Baptist Hospital, New England Hospital for Women and Children, Newton District Nursing Association, Newton-Wellesley Hospital, Peter Bent Brigham Hospital, Quincy City Hospital, Saint Elizabeth's Hospital, St. Margaret's Hospital, Simmons College School of Nursing, Visiting Nurse Association of Boston, Waltham Hospital, and Whidden Memorial Hospital.

In opening the meeting, Mrs. Hayward reported that both the President and the Vice-President were unable to attend the meeting and she would, therefore, preside.

RECRUITMENT

The first item of business was discussion of plans for recruitment. At the last meeting of the Board of Directors, it was voted that the Nursing Council should again appoint a Student Recruitment Committee. In addition, material has been received stating that the American Hospital Association will again conduct a nation-wide recruitment program for 1948 in conjunction with the National Advertising Council. The American Hospital Association reports that in 1947 there was a gain of 9,000 students admitted to schools of nursing over 1946.

Mrs. Hayward reviewed previous history of recruitment in this area. At the beginning of the war there was a committee, and an effort was made to speak in all high schools in the Greater Boston area and to various civic groups. Three years ago the committee was disolved, and the Nurse Consultant assumed this responsibility as an office activity. All high schools and intermediate schools in Boston have had talks each year and Mrs. Hayward has gone to as many of the other towns in the area as have requested the talk. Material pertaining to nursing has been left with all guidance counselors. In Boston, Miss McDonnell of the School Department has been very helpful. Radio and newspapers have been used throughout the area. Mrs. Hayward asked the directors present if they would be willing to speak before groups or secure speakers, and the majority agreed they would be willing to do this.

It was agreed that the first effort should be to interest young women to enter the February classes; that the publicity should publicize scholarships; that an effort should be made to reach women's clubs, church groups, and others. It was suggested that the alumnae of nursing schools might interest themselves. Attention was called to the plan in Toledo last year when the hospitals in the area gave a certain number of scholarships, and the students in the high schools competed to receive them. It was agreed that details of recruitment plans should be left in the hands of the new committee.

OBSERVATION AND AFFILIATIONS FOR STUDENTS AND GRADUATES IN PUBLIC HEALTH NURSING

Miss Johnson reported that the committee last year agreed that every student nurse in Boston schools of nursing should receive one day of observation with one of the three public health agencies in Boston. During the summer, 148 graduate nurses received observation, and 18 schools requested 513 student observations. This was later reduced to 498 and the three agencies offered 500 days so that all the requests for this year (September 1947 - June 1948) will be met.

Miss Mary Bond was chairman of the sub-committee which completed these assignments. Miss Johnson expressed appreciation to Miss Bond for finishing this before leaving the city. The sub-committee on Integration, under the chairmanship of Miss Easter, has agreed upon the elementary information which should be given each student before her day of observation and has prepared an outline for the use of the public health instructors in the schools of nursing. The committee should now work closely together so that those responsible for this teaching can get as much help as possible from each other.

REFERRAL PLAN

The work of the Committee to Consider Observation and Affiliations for Students and Graduates in Public Health Nursing indicates clearly that there is need for a committee on referral composed of public health nurses, admitting officers, physicians, nurses working within the hospitals, medical social workers, and representatives from the convalescent homes in order that there may be better integration of medical care for the patient.

COST

Miss Howland was then asked to discuss costs of this program to the Boston Visiting Nurse Association. She requested that the nursing schools be prepared to pay $1.00 per student beginning October 1, 1947. Several of the directors indicated that they had already discussed the matter and it was felt that such a charge was justified. The question was asked as to whether a dollar would cover the cost. Carnegie and Kellogg Foundations are both making a study of this, and it was agreed that the hospitals should be asked to start with the $1.00 payment per student. Miss Sullivan replied that the School Department could not accept such payment. Miss Wedgwood reported that it was permissable in the Health Department for her to receive an honorarium and that such an honorarium would be very helpful in providing scholarships for graduate work for some of the staff nurses and to purchase books and teaching materials.

In closing the meeting Mrs. Hayward stated that if any of the schools of nursing in the area outside the city wish help in starting the one day of observation in public health nursing agencies, the office would be very glad to assist wherever possible.

MARGARET H. TRACY
Secretary

For M.L.N.E. Convention

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Progress Report of the Major Activities of a Committee of the Greater Boston Nursing Council to Consider Experience and Observations in Public Health Nursing for Graduate and Undergraduate Nurses

November 19, 1947

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Many public health nursing agencies have been overwhelmed with the increasing number of requests for field experience for both graduate and undergraduate nurses. Among the reasons for this increase are the developments in the general field of public health, the opportunities provided for the veteran nurse to prepare for this field, and the larger senior classes in the schools of nursing. All of these factors are present here in Boston.

A national committee is studying this ~~national~~ problem of preparation of public health nurses and recommends that all groups concerned survey the needs and suggest a plan of action, a plan within the possibilities of achievement. Here in Boston we are fortunate in already having an organization, the Greater Boston Nursing Council, which is set up to consider just such questions. The pressure of these requests for field experience fell heavily upon the ~~Boston~~ Visiting Nurse Association of Boston. Therefore, an appeal for advice went from ~~the~~ that Association to the Council. This appeal was set forth in a letter read by Miss Howland, the General Director of the Association, at a meeting of the Board of Directors of the Council on December 12, 1946. Among the definite questions asked in this letter were the following: To what groups of students should priorities be given? Are there public health nursing agencies not now giving field experience that could be prepared to do so? What should be the length of observation and participation for the various groups? How shall the cost to the agency be met? What is the value of the teaching program to the care of the patients? ~~The~~ This letter from Miss Howland ended with a statement and request, namely -- "We are planning to survey our own student program and we hope the Greater Boston Nursing Council will feel that this problem of preparing public health nurses is one on which they will take action."

In response to this communication, the Council appointed a committee "to make recommendations relative to a plan for the teaching of public health nursing to students in the Greater Boston area." The scope of this assignment to the committee extends beyond the area of field experience. A chairman for this committee was found. The original committee was relatively small -- representatives from the three public health nursing agencies that were providing the field experience for a group of Boston schools of nursing, from the half dozen schools which already had well established affiliations with these agencies, from the Massachusetts State Board of Registration in Nursing, the Nursing Department of the State Health Department, and from the Nursing Department of the John Hancock Life Insurance Company. The chairman of the committee began at once to lean heavily upon the Nurse Consultant of the Council and upon the secretary and filed material of her office. Consultations with members of the committee, notices and minutes of meetings, reports of sub-committees, and many other executive matters are carried by that office.

As soon as the Christmas-New Year Holidays were over, a call was sent out for a meeting of the committee on January 10, 1947. Before the meeting, the Nurse Consultant and the chairman talked directly or on the telephone many times with the members of the committee for the purpose of laying a foundation for a productive first meeting. We wished to learn something of the thinking to date and to stimulate further thinking.

It should be said here that the committee, from the outset, had a prime element for successful performance, namely, a membership of experienced and capable women who previously had worked together, effectively and harmoniously. All were deeply concerned about the problem. Each has been thwarted by it. All were ready to study the question together. This committee provided the opportunity.

The following is the essence of the thinking expressed at first meeting that day about the major aspects of the problem:

1. The length of the period of observations for students probably could not exceed four days, Tuesday through Friday. (Later it was changed to 1 day of observation)

2. The length of the period of participation (that is field experience - affiliation we usually call it) probably could not exceed two months.

3. The first priority of the groups for observations probably should be: the head nurses, instructors, and supervisors in the schools of nursing who have had no contact with public health nursing agencies and the second priority for observation & 2 for the students in the three-year program for whom no affiliation was planned.

4. The priority of the groups for field experience might be the graduate nurses specializing in public health nursing, the undergraduates in the degree programs and occasionally an especially well-qualified college graduate in the ~~three-year program.~~ three-year course.

5. The priority of schools for field experience might be based up the general preparation of the students, the length of the agencies association with the school, ~~its~~ the size of the school and might be eventually influenced by the extent to which there is sound integration of the social and health aspects of nursing in the basic curriculum. The representatives of the ~~Boston~~ Visiting Nurses Associations of Boston were of the opinion that for the immediate future the field experience of that association should be limited to the schools in Boston proper. Note: At a later meeting, the directors of the nursing ~~departments~~ divisions of the Boston Health and Boston School Departments made it plain that they must consider applications from all Boston schools.

6. The public and private health agencies as well as the have a responsibility for sharing in the education of public health nurses; ~~this~~ an education must be provided with a minimum of untoward effects on the nursing service.

7. Through an observation period, the schools hope that ~~the~~ their students will realize to a degree, that the body of knowledge, the attitudes, and the skills of the public health nurse are somewhat different from those of the hospital nurse. The observer must be prepared through preparation for the observation to see a certain number of these differences.

8. Through a field experience affiliation, it is hoped that the student will acquire some of the special equipment of the public health nurse. The discussants

often re-emphasized the point that the student must be prepared for this affiliation by continual and inclusive emphasis of the public health nursing aspects of the basic curriculum. Ways and means of accomplishing this emphasis later was referred to a Sub-committee on Integration.

9. This emphasis in the curriculum cannot be the sole responsibility of the public health nursing integrator on the schools' staff, but must be shared by others. This is the reason why observation for instructors, supervisors, and head nurses was planned first.

10. Schools of nursing should pay the agencies the cost of observation periods. No valid estimate of such costs was submitted. Reports of such studies which are being made in other parts of the country will be of interest.

11. Only one formal recommendation was made at this meeting. It was voted that "This committee recommends to the Board of Directors of the Greater Boston Nursing Council that the Survey Committee of the Council assume the responsibility of stimulating a larger number of the public health nursing agencies to meet the requirements for student affiliations." Note: The Board so voted.

By the time these many aspects of the problem had been reviewed everyone was well aware of the inclusiveness of the assignment made by the Council to this committee. Adjournment time was long overdue when a member asked "What are the next steps"? The logical answer seemed to be to ask the directors of the schools to make a specific estimate of the number of students for whom observation and affiliation would be desired during the next two or three years and to ask the directors of the public health nursing agencies to estimate the number of opportunities. Then both groups study the possible adjustments. The result showed a request for observation opportunities for 466 and for affiliation opportunities for 180, a total of 646. There were possibilities for about two thirds of this number. However, there were nine more schools in Boston who at this time had not submitted estimates and another school to be established in September.

It would be very interesting but too ~~many~~ time consuming to tell ~~something~~ of ~~what~~ the discussions that took place in ~~went into~~ the meetings of the school and agency groups, separately and together when they met - to tell of the hours spent in just plain arithmetic; of the discouragement of ~~individuals and groups as they saw~~ as the distance widen and between desires and possibilities.

During the latter part of February, everyone of the fifteen schools in Boston was asked to send a representive to a meeting on March 13, 1947. This augmented committee further discussed the topics of the previous meetings. There was further emphasis on the possibility of other agencies qualifying for field experience. A member stated that probably it was not expedient to wait for ideal situations. ~~for~~ "Honest" ones could be used. ~~Furthermore, that~~ a given agency should not necessarily establish an affiliation with the local school but should discuss the place of affiliation with the Greater Boston Nursing Council. Three next steps were recommended ~~of~~ at this meeting: That there be (1) a meeting of representatives from the Boards of Directors of the public health nursing agencies ~~in Boston~~ with the nurse directors of these agencies ~~to prepare~~ to discuss ways and means ~~to receive~~ receiving students for affiliation. (2) That there be appointed a Sub-committee on Delegation ~~of the parent committee~~ to study the incorporation of the social and health aspects of nursing in the basic curriculum. (3) That there be appointed a Sub-committee on allocation to work out a plan for allocation of students to the public health nursing agencies.

Following this meeting, a ~~request~~ letter went out from the Council Office to all fifteen of the Boston schools asking for the number of observations and affiliations desired by them. When the Sub-committee on Allocation tabulated the replies the tabulation showed requests for observation periods for 531 undergraduates and 102 graduates of a total of 633 individual observation ~~periods~~.

There were 219 requests for field experience. Here was a grand total of 852 persons for whom some form of contact with a public health nursing agency was requested. And ~~when~~ at the time this tabulation was made, four schools had not been heard from. Meanwhile, the public health agencies were re-estimating what their maximum take could be. Summer vacations were fast approaching when it would be difficult for the committees to carry on.

many members of the committee attended

the meetings of the International Council of Nurses and of the New England Division of the American Nurses Association and that slowed our progress.

About the only figure in the summary of requests that did not blind the committee was the figure 102, This was the number of graduates on the staffs of the schools who desired at least a day of observation in the field. Since it is of major improtance that the supervisors, instructors, and head nurses have at least a glimpse of the public health nursing field if there is to be integration in the basic curriculum, it was decided that an effort be made to provide some observation opportunity for this group during the summer months of graduates. Therefore, the Sub-committee on Allocation, the directors of the agencies, and the directors of the schools, made a plan which provided for one day of observation for 148 graduates from the staffs of the schools during the months of June - September inclusive. The number of requests grew from 102 to 135. Even then we had ~~had grown~~ to 135. There was a margin of 13. That achievement gave us great encouragement. Temporarily we were as happy as a victorious football squad.

⇒ 132 requests — 148 opportunities. To equate

There is a saying "Nothing succeeds like success". So, nothing daunted, all groups concerned undertook to provide one day of observation for the 513 undergraduate students during the next current school year. By late summer ~~each of the three public health nursing associations~~ of Boston Boston Visiting Nurse Association, Boston Health Department, and Boston School Department had determined how many and when students could be received. The Sub-committee on Allocation made over all inclusive charts which show schools and agencies when and where 507 undergraduate students will report for one day of observation during this current school year. There was a shortage of 6 opportunities; many when these charts were completed but a large school, which already had a short affiliation for all students, withdrew its request for 75 students. Then there was ~~a margin of 69 opportunities.~~ an oversight, there was a margin of 69 opportunities. The Committee had in this report another period of satisfaction.

At this point, every member of ~~all the groups who have worked on this problem~~ of the Committee would wish the chairman to say that the major credit for this feat of allocation should go to Miss Mary Bond, Chairman of the Sub-Committee on Allocation. At the time the committee was at work Miss Bond was Educational Director of the Visiting Nurse

Association of Boston, but resigned September 1, 1947 to join the staff of the Division of Nursing Education, Teachers College, New York. Miss Bond could have used many valid reasons for withdrawing from the committee. She did not. The committee appreciates the sacrifices Miss Bond must have made in order to carry on the work of chairman almost to the day she left.

Meanwhile, during the heat of July and August, the Sub-committee on Integration of which Miss Esther Lucile Brown is chairman held several long meetings for which there was much individual preparation. Although considerable excellent material was assembled and discussed relative to the integration of the social and health aspects of nursing in the basic curriculum, it soon became obvious that this subject was too inclusive for ~~much real~~ further accomplishment ~~in~~ during the vacation season. Therefore, the ~~committee~~ Sub-committee decided to ~~suggest~~ consider ways and means of preparing the students for their fall observations. ~~For example, it was suggested that the students be made aware of the preventive aspects of the health program which is set for them in their respective schools--a program that begins the week of entrance, sometimes before, and continues until the week of graduation.~~ It was suggested ~~Other suggestions were~~ that the public health nursing integrators in the schools ask the students to observe certain features of the public health nurse's visit with patient and family; establishment of rapport; teaching of patient and family; use of other health organizations; need for the nurse's special body of knowledge, special attitudes and skills. Six objectives for the day's observation were set up and sent to the schools. ~~for later development.~~ The sixth perhaps was the most inclusive, namely, "To give the student an awareness of the responsibility of nurses for the preventive aspect of disease."

The amount of work which is ahead for this Sub-committee on Integration is considerable. It would be more discouraging if it were not for the helpful material on this subject which is already in the nursing literature. Very encouraging is the fact that eight of the thirteen hospital schools have a public health nurse on their staffs who are responsible for the public health nursing aspects of the basic curriculum.

These ~~women~~ nurses would be the first to say that little thus far has been accomplished, but here is a group of earnest, capable young women with more preparation for this task than the previous generation of nurses. They also have one of the priceless assets of youth -- the zest for exploring the unknown.

What has been accomplished? The prime basic accomplishment is the bringing together of approximately forty-five nurses -- one group from the schools, the other from the agencies. This opportunity for joint discussion revealed the scope of the problem and that therefore the individual desires must be adjusted for the best good of all concerned. ~~However, the joint thinking produced possibilities of solution~~. Specific accomplishments: (1) further opportunities for observation in ~~the fields of~~ the three Boston public health nursing agencies. (2) the first opportunity for undergraduates to ~~make one visit in the~~ home with the school nurse, (3) one day of observation in the field for one hundred and forty-eight graduates from the schools during the summer months. (4) a plan now in operation for a ~~day's~~ observation in the field for over five hundred undergraduates during the current school year. (5) a sub-committee at work on allocation of students to the public health agencies and another sub-committee ~~working~~ on the integration of the social and health aspects of nursing in the basic curriculum.

What are the next steps? No one would venture an opinion on more than the immediate next steps. At once there should probably be appointed a sub-committee on Referral of Patients from the Hospital to the Public Health Nursing agencies. That sub-committee would consider, for example, the ~~efficiency~~ of the head nurse ~~making this referral~~ rather than the doctor or social worker. The obvious reason is that the head nurse knows more about interpreting the nursing needs of the patient than the other workers. This procedure is already being studied in certain Boston schools. Since the plan for the two months field experience affiliation was already made for the current year, ~~it~~ received only minor considerations. ~~That aspect~~ of the question ~~must~~ be studied. Eventually there must be a central organization, committee, or organization

to make the over-all plan of allocation of students to the agencies. There must be further study of costs of observation. Note: At present $1 is charged for 1 day of observation. The Sub-committee on Integration has only begun its work. The members will need to confer often not only for specific help from one another but for specific encouragement from one another. The school group and the agency group will need to confer with each other to check ~~what is desired with what is accomplished.~~ who accomplishment.

To date the Committee has worked only within the limits of Boston proper. The Nurse Consultant of the Council and the Chairman of the Committee will be glad to give what help they can to the other schools and agencies in Greater Boston. ~~At some later time it may be wise to have~~ Perhaps one of the next steps may be a meeting of representatives from all the schools of nursing and agencies in Greater Boston.

It is ~~fortunate for both the patients and the nurses~~ for the more inclusive care of the patients in this area that the Greater Boston Nursing Council has appointed a committee to consider the preparation of public health nurses. ~~That committee is inclusive. Its members are in earnest.~~ The Committee The members of the Committee are in earnest. They hope to help to find a way that is possible of achievement.

It is for the purpose of providing more inclusive care for the patients in this area that the G. B. N. C. has appointed a committee to consider the preparation of public health nurses. The members of the Committee are in earnest - They hope to help to find a way that is possible of achievement -

1947
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Progress Report of the Major Activities of a Committee of the Greater Boston Nursing Council to Consider Experience and Observations in Public Health Nursing for Graduate and Undergraduate Nurses

November 19, 1947

Many public health nursing agencies have been overwhelmed with the increasing number of requests for field experience for both graduate and undergraduate nurses. Among the reasons for this increase are the developments in the general field of public health, the opportunities provided for the veteran nurse to prepare for this field, and the larger senior classes in the schools of nursing. All of these factors are present here in Boston.

A national committee is studying this problem of preparation of public health nurses and recommends that all groups concerned survey the needs and suggest a plan of action, a plan within the possibilities of achievement. Here in Boston we are fortunate in already having an organization, the Greater Boston Nursing Council, which is set up to consider just such questions. The pressure of these requests for field experience fell heavily upon the Boston Visiting Nurse Association. Therefore, an appeal for advice went from that Association to the Council. This appeal was set forth in a letter read by Miss Howland, the General Director of the Association, at a meeting of the Board of Directors of the Council on December 12, 1946. Among the definite questions asked in this letter were the following;- To what groups of students should priorities be given? Are there public health nursing agencies now not giving field experience that could be prepared to do so? What should be the length of observation and participation for the various groups? How shall the cost to the agency be met? What is the value of the teaching program to the care of the patients? This letter from Miss Howland ended with a statement and with a request, namely -- "We are planning to survey our own student program and we hope the Greater Boston Nursing Council will feel that this problem of preparing

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public health nurses is one on which they will take action."

In response to this communication from Miss Howland, the Council appointed a committee "to make recommendations relative to a plan for the teaching of public health nursing to students in the Greater Boston area." The scope of this assignment to the committee extends beyond the area of field experience. A chairman for this committee was found. The original committee was relatively small -- representatives from the three public health nursing agencies that were providing the field experience for a group of Boston schools of nursing, from the half dozen schools which already had well-established affiliations with these agencies, from the Massachusetts State Board of Registration in Nursing, the Nursing Department of the State Health Department, and from the Nursing Department of the John Hancock Life Insurance Company. The chairman of the committee began at once to lean heavily upon the Nurse Consultant of the Council and upon the secretary and filed material of her office. Consultations with members of the committee, notices and minutes of meetings, reports of sub-committees, and many other executive matters are carried by that office.

As soon as the Christmas-New Year Holidays were over, a call was sent out for a meeting of the committee on January 10, 1947. Before the meeting, the Nurse Consultant and the chairman talked many times with the members of the committee for the purpose of laying a foundation for a productive first meeting. This was an endeavor to learn something of the thinking to date and to stimulate further thinking.

It should be said here that the committee, from the outset, had a prime element for successful performance, namely, a membership of experienced and capable women who had worked together effectively and harmoniously. All were deeply concerned about the problem. Each has been thwarted by it. All were ready to study the question together. This committee provided the opportunity.

The following is the essence of the thinking expressed at that first meeting about the major aspects of the problem:

1. The length of the period of observations for students probably could not

exceed four days; Tuesday through Friday.

2. The length of the period of participation, field experience, probably could not exceed two months.

3. The first priority of the groups for observation probably should be the head nurses, instructors, and supervisors in the schools of nursing who have had no contact with public health nursing agencies and for the students in the three-year program for whom no affiliation was planned.

4. The priority of the groups for field experience might be the graduate nurses specializing in public health nursing, the undergraduates in the degree programs and occasionally an especially well-qualified college graduate in the three-year basic course.

5. The priority of schools for field experience might be based upon the general preparation of the students, the length of the agencies' association with the school, the size of the school, and might eventually be influenced by the extent to which there is sound integration of the social and health aspects of nursing in the basic curriculum. In discussing priorities, the representatives of the Boston Visiting Nurse Association were of the opinion that for the immediate future the field experience of that association should be limited to the schools in Boston proper. At a later meeting, the directors of the nursing departments of the Boston Health and School Departments made it plain that they must consider applications from all Boston schools.

6. The public, as well as the private health agencies, have a responsibility for sharing in the education of public health nurses; this education must be provided with a minimum of untoward effects on the nursing service.

7. Through an observation period, the schools hope that their students will realize to a degree, that the body of knowledge, the attitudes, and the skills of the public health nurse are somewhat different from those of the hospital nurse. The observers must be prepared through previous instruction to see these differences.

8. Through a field experience affiliation, it is hoped that the student will acquire some of the special attitudes and skills of the public health nurse. The discussants often re-emphasized the point that the student must be prepared for this affiliation by continual and inclusive emphasis of the public health nursing aspects of the basic curriculum. Ways and means of accomplishing this emphasis later was referred to a Sub-committee on Integration.

9. This emphasis in the basic curriculum cannot be the sole responsibility of the public health nursing integrator on the schools' staff, but must be shared by other teachers. This is the reason why observation in the field for instructors, supervisors, and head nurses was planned to be provided first.

10. Schools of nursing should pay the agencies the cost of observation periods. No valid estimate of such costs was submitted by any member of the group. Reports of such studies which are being made in other parts of the country will be of interest.

11. Only one formal recommendation was made at this meeting. It was voted that "This committee recommends to the Board of Directors of the Greater Boston Nursing Council that the Survey Committee of the Council assumes the responsibility of stimulating a larger number of the public health nursing agencies to meet the requirements for student affiliations." The Board so voted.

By the time these many aspects of the problem had been reviewed everyone was well aware of the inclusiveness of the assignment made by the Council to this committee. Adjournment time was long overdue when a member asked "What are the next steps?" The logical answer seemed to be to ask the directors of the schools to make a specific estimate of the number of students for whom observation and affiliation would be desired during the next two or three years and to ask the directors of the public health nursing agencies to estimate the number of opportunities. Then both groups were to study the possible adjustments. The result showed a request for observation opportunities for 466 and for affiliations opportunities for 180, a total of 646. There

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were possible opportunities for about two-thirds of this number. But, there were nine more schools in Boston who at this time had not submitted estimates and there was a new school to be established in September.

It would be very interesting but too much time consuming to tell something of the content of the subsequent meetings of the school and agency groups, meeting separately and together; of the hours spent in just plain arithmetic; and of the discouragement of individuals and groups as they saw the distance widen between desires and possibilities.

During the latter part of February, everyone of the fifteen schools in Boston was asked to send a representative to a meeting on March 13, 1947. This augmented committee further discussed the topics of previous meetings. There was further emphasis on the possibility of other agencies qualifying for field experience. A member stated that probably it was not expedient to wait for ideal situations, "Honest" ones could be used. A given agency should not necessarily establish an affiliation with the local school but should discuss the place of affiliation with the Greater Boston Nursing Council. Three next steps were recommended at this meeting:

(1) That there be a meeting of representatives from the Boards of Directors of the public health nursing agencies with the nurse directors of these agencies to discuss the acceptance of students for affiliation.

(2) That there be appointed a Sub-committee on Integration to study the incorporation of the social and health aspects of nursing in the basic curriculum.

(3) That there be appointed a Sub-committee on Allocation to work out a plan for allocation of students to the public health nursing agencies.

Following this meeting, a letter was sent to the fifteen Boston schools asking for the number of observations and affiliations desired by them. When the Sub-committee on Allocation tabulated the replies, the tabulation showed requests for observation periods for 531 undergraduates and 102 graduates, a total of 633 observation periods.

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There were 219 requests for field experience. Here was a grand total of 852 persons for whom some form of contact with a public health nursing agency was requested. And at the time this tabulation was made, four schools had not been heard from. Meanwhile, the public health agencies were re-estimating what their maximum take could be. Summer vacations were fast approaching when it would be difficult for the committees to carry on. The meetings of the International Council of Nurses and of the New England Division of the American Nurses Association had slowed our progress.

About the only figure in the summary of request that did not blind the committee was the figure 102. This was the number of graduates on the staffs of the schools who desired at least a day of observation in the field. Since it is of major importance that the supervisors, instructors, and head nurses have at least a glimpse of the public health nursing field if there is to be integration in the basic curriculum, it was decided that an effort be made to provide some observation opportunity during the summer months for this group of graduates. Therefore, the Sub-committee on Allocation, the directors of the agencies, and the directors of the schools made a plan which provided for one day of observation for 148 graduates from the staffs of the schools during the months of June - September inclusive. While the number of requests had grown from 102 to 135, there was a margin of 13; that is 13 more opportunities than requested. That achievement gave us great encouragement.

There is a saying "nothing succeeds like success," therefore, nothing daunted. All groups concerned undertook to provide a day's observation for 513 undergraduate students during the on-coming current school year. By late summer the Boston Visiting Nurse Association, Boston Health Department, and Boston School Department had determined how many and when students could be accepted during the school year. The Sub-committee on Allocation made inclusive charts which show schools and agencies when and where 507 undergraduate students would report for observation. There was a

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shortage of only 6 opportunities; then a large school, which already had a short affiliation for all students, withdrew its request for 75 opportunities. Then there was an over-supply of 69 opportunities. A second period of encouragement!

At this point in this report every member of the groups who have worked on this assignment would wish the chairman to say that the major credit for this feat of allocation should go to Miss Mary Bond, Chairman of the Sub-committee on Allocation. At the time the committee was at work, Miss Bond was Educational Director of the Visiting Nurse Association of Boston, but resigned September 1, 1947 to join the staff of the Division of Nursing Education, Teachers College, New York. Miss Bond could have used many valid reasons for withdrawing from the committee. She did not. The committee appreciates the sacrifices Miss Bond must have made in order to carry on the work of chairman almost to the day she left.

Meanwhile, during the heat of July and August, the Sub-committee on Integration with Miss Ethel Easter as chairman held several long meetings for which there was much individual preparation. Although considerable excellent material was assembled and discussed relative to the integration of the social and health aspects of nursing in the basic curriculum, it soon became obvious that this subject was too inclusive for much real accomplishment in the vacation season. Therefore, the committee decided to suggest ways and means of preparing the students for their fall observations in the field. It was suggested that the public health nursing integrators in the schools ask the students to observe certain features of the public health nurse's visit. Among these features are: rapport with the patient and family, teaching of patient and family, use of other health organizations, need for special body of nursing knowledge, special attitudes and special skills. The committee set up six objectives for the day's observation. The sixth was the most inclusive, namely, "To give the student an awareness of the responsibility of nurses for the preventive aspect of disease."

The amount of work which is ahead for this Sub-committee on Integration is considerable. It would be more discouraging if it were not for the material on this

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The amount of work which is ahead for this Sub-committee on Integration is considerable. It would be more discouraging if it were not for the material on this

subject which is already in the nursing literature. Very encouraging is the fact that eight of the thirteen hospital schools have a public health nurse on their staffs who are responsible for the public health nursing aspects of the basic curriculum. These women would be the first to say that little thus far has been accomplished, but here is a group of earnest, capable young women with more preparation for their task than the previous generation of nurses. They also have one of the priceless assets of youth -- the zest for exploring the unknown.

What has been accomplished? The prime basic accomplishment is the bringing together of approximately forty-five nurses -- one group from the schools, the other from the agencies for the purpose of discussion of the preparation of public health nurses. This opportunity for joint discussion revealed the scope of the problem and that therefore the individual desires must be adjusted for the best good of all concerned. Specific accomplishments: (1) further opportunities for observation in the field of the three Boston public health nursing agencies. (2) the first opportunity for undergraduates to accompany a school nurse into the home. (3) one day of observation in the field for one hundred and forty-eight graduates during the summer months. (4) a plan now in operation for a day's observation in the field for over five hundred undergraduates during the current school year. (5) a sub-committee at work on allocation of students to the public health agencies and another sub-committee working on the integration of the social and health aspects of nursing in the basic curriculum.

What are the next steps? No one would venture an opinion on more than the immediate next steps. At once there should probably be appointed a Sub-Committee on Referral of Patients from the Hospitals to the Public Health Nursing Agencies. That sub-committee would consider, for example, the efficacy of the head nurse making this referral rather than the doctor or social worker. The obvious reason is that

the head nurse knows more about interpreting the nursing needs of the patient than the other workers. This procedure is already being studied in certain Boston schools. Since the plan for the two months field experience affiliation was already made for the current year, it received only minor considerations. That aspect of the question must be studied. Eventually there must be a central organization or committee to make the over-all plan of allocation of students to the agencies. There must be further study of costs of observation. At present $1 is charged for 1 day of observation. The Sub-committee on Integration has only begun its work. The members will need to confer often not only for specific help but for specific encouragement. The school group and the agency group will need to confer with each other to check what is accomplished with what is desired.

To date, the committee has worked only within the limits of Boston proper. The Nurse Consultant of the Council and the Chairman of the Committee will be glad to give what help they can to the other schools and agencies in Greater Boston. Perhaps one of the next steps may be to have a meeting of representatives from all the schools of nursing and public health nursing agencies in Greater Boston.

It is for the more inclusive care of the patients in this area that the Greater Boston Nursing Council has appointed a committee to consider the preparation of public health nurses. Its members are in earnest. They hope to help to find a way that is possible of achievement.

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SALLY JOHNSON, R.N.

GREATER BOSTON NURSING COUNCIL

1947

MEETING OF THE BOARD OF DIRECTORS

19

December 2, 1947

A meeting of the Board of Directors of the Greater Boston Nursing Council was held on Tuesday, December 2, 1947, 3:30 p.m. at 261 Franklin Street. There were present: Sister Alma, Sister Maurastella, Mrs. Fraser, Mrs. Hayward, Miss Sullivan and Miss Goostray presided.

MINUTES OF THE LAST MEETING

In view of the fact that the minutes were circulated and there were no errors or corrections, it was

VOTED to approve them without reading.

BOARD MEETINGS

Mrs. Hayward reported that the majority of the members of the Board favored Tuesday, and it was

VOTED that the second Tuesday of the month should be the regular meeting day.

The next board meeting will, therefore, be January 13.

REPORT OF THE NURSE CONSULTANT (September 25 to December 2)

This report is an attempt to show how the work of the Nursing Council cuts across the Fund and Council as well as the whole Health and Hospital Division, and also how we work with the professional organizations.

Greater Boston Community Fund - A successful campaign for the Greater Boston Community Fund has been completed. During this campaign, the first and final dinners and one report luncheon was attended by the nurse consultant.

In October, a meeting on Public Health Nursing was planned for the Local Social Planning Committee. This was held in Wellesley and the speakers were Miss Sophie Nelson and Mrs. John Harrington. As a result, Miss Nelson has been asked to give the same talk to a group in Needham and surrounding towns.

Two conferences have been held with a research worker on visiting nurse association budgets and one with Fund statistician.

Greater Boston Community Council - In connection with the Personnel Policies Study, a meeting was called of the committee which set up the job description for public health staff nurses to approve the description. A meeting of directors of visiting nurse associations in the Greater Boston Community Council area was called in order to discuss the completed study and to learn how the recommendations in the report can be implemented in the agencies.

GREATER BOSTON NURSING COUNCIL

MEETING OF THE BOARD OF DIRECTORS

December 5, 1967

A meeting of the Board of Directors of the Greater Boston Nursing Council was held on Tuesday, December 5, 1967, [illegible] Franklin Street. There were present: Sister Alma, Sister Mennesellis, Mrs. Fraser, Mrs. Hayward, Miss Sullivan and Miss Dooherty presided.

MINUTES OF THE LAST MEETING

[illegible] Vote to approve them without reading.

BOARD MEETINGS VOTED

[illegible] that there were no errors or corrections, it was

[illegible] Tuesday, and it was

VOTED: That the second Tuesday of the month [illegible] be January 14.

REPORT OF THE NURSE CONSULTANT

[illegible]

[illegible]

[illegible]

A conference was held with three students of the Boston University School of Social Work who are assigned to the Greater Boston Community Council for field work.

Two open-house afternoons have been held by the Council for workers in member agencies. At the first one, the nurse consultant described the work of the Nursing Council and at the second one she met the visitors at the door. The total attendance was 290.

An article on the State Nurses Convention was prepared for the Greater Boston Community Council's Bulletin.

Weekly staff meetings have been attended and one meeting of the expediting committee. At this last meeting, the matter of policies regarding the work in the Metropolitan area was discussed.

SURVEY OF HEALTH AND WELFARE AGENCIES IN GREATER BOSTON

Two conferences have been held with survey workers and one with Dr. Hugh Leavell who is to assist with the survey of health agencies. A folder of the studies which have been done by the Nursing Council will be prepared for Dr. Leavell.

Hospital Council - Two meetings have been attended for the Hospital Council. These were the Hospital Survey meeting (which was called by the Massachusetts State Department of Health in the Gardiner Auditorium) and the meeting on Blue Cross (which was called by the Massachusetts Hospital Association at the Hotel Somerset).

Health League - Two executive committee meetings of the Boston Health League have been attended as well as the special meeting which was called by the League to discuss the Personnel Policies Study. The meeting on Health Legislation which was called by the Massachusetts Central Health Council and the State Department of Health at the Gardiner Auditorium was attended and reported. On Sunday, November 9, a tea given by the Alpha Kappa Alpha Sorority was attended. This is a negro sorority with a membership of 30 in the Greater Boston area. Their guest was the Executive Secretary of their National Health Program and the purpose of her visit was to stimulate interest here in this program. Mrs. Hayward pointed out to the group the existing community facilities and suggested that the officers of the sorority visit the Research Bureau of the Council for their statistical data and that a conference be held with the Health League. The President will meet with Miss Tracy and Mrs. Hayward this week and will attend the next meeting of the Health League. It was pointed out that while all of the Greater Boston schools of nursing will accept negro students, there is a dearth of applicants and suggested that some help be given in a recruitment campaign.

GREATER BOSTON NURSING COUNCIL

A meeting for Directors of Schools of Nursing was held Friday, October 31. This was well attended and at this meeting Miss Johnson gave a progress report on the plan for student observation in public health nursing agencies. Student

recruitment was discussed, and it was decided that efforts be directed toward February classes. With that in mind, a release has been sent to the newspapers publicizing the available scholarships in Greater Boston. Spot announcements have also been sent to the radio station program managers and to the directors of women's programs. A chairman for the recruitment committee has not been found yet and this should be done.

Several visitors have come to the office recently. These included Miss Frazier who has recently come to the Harvard School of Public Health, Mrs. Lombard and Mrs. McGeough from the Dedham Visiting Nurse Association, Miss Jenkins (who spent two days with us) from the Tennessee State Department of Health, Nursing Division; Miss Kerley of the Professional Counselling and Placement Service, Massachusetts State Nurses Association; and Miss Barrett from the American Nurses Association.

The nurse consultant has spoken to the Women's Social Action Group of the Tabernacle Church, Salem; at the annual meeting of the Hanover Visiting Nurse Association, to the Senior Class in professional adjustments at the New England Deaconess Hospital, and discussed a paper at the State Nurses Convention. On November 10, she met with the Board of the Natick Visiting Nurse Association. This opportunity was requested as it seemed important to discuss the recommendations which were made by the Survey Committee of the Nursing Council two years ago.

An excellent editorial appeared in the Globe in October. In connection with this, conferences were arranged for the writer.

COMMITTEE TO CONSIDER OBSERVATION AND AFFILIATIONS FOR STUDENTS AND GRADUATES IN PUBLIC HEALTH NURSING

This committee has not met this fall. However, Miss Johnson reported to the directors of schools of nursing and also gave an excellent progress report at the Luncheon Meeting of the Massachusetts League of Nursing Education which was held during the Convention. As a result of these two meetings, there has been some interest created outside of Boston proper; and one of the schools in Boston not interested in the plan in the beginning has requested observation periods for its students. The three agencies receiving students and the hospitals sending them, all agree that the plan is working well.

The nurse consultant also attended the Institute for Attendant Nurses which was held under the auspices of the Household Nursing Association and helped to handle the publicity. She also attended the house-warming of the Waltham Visiting Nurse Association.

PROFESSIONAL ORGANIZATIONS

Effective operation of the Nursing Council depends a great deal on its relationships with professional organizations, and it is necessary to participate in the activities of these organizations in order to carry out the objectives of the Council.

recruitment was discussed, and it was decided that efforts be directed toward
February classes. With this in mind, a release has been sent to the newspapers
publicizing the available scholarships in Boston hospitals. Posters announcing
have also been sent to thirty-six stations preparing women's programs. Other
of women's programs. A chairman for the next meeting will be chosen from
found yet and this should be done.

Several visitors came to the office recently.

Frazier who has recently come to the Harvard School of Public Health, Mrs.
Lombard and Miss Beckwith from Teachers College, Columbia University, New York
(who spent two days at the Harvard School of Public Health, and Miss Jaffrey
Health, assistant director of the Professional Counsel Service and Miss Jaffrey
Placement Bureau, Boston, spent three days in conference with the Director
from the Placement Bureau.

This opportunity was taken to discuss the Summer Session for Nurses
Tuberculosis Nurses, Salem, at the annual meeting of the Danvers Visiting Nurse
Association, to the Senior Class in professional adjustments at the New England
Deaconess Hospital, and addressed a paper at the Public Visiting Nurse Association
November 10, which was read by the Director of the Public Visiting Nurse Association.
This opportunity was requested as it seemed important to discuss the recommenda-
tions which were made by a Committee of this Nursing Council two years
ago.

An exhibit was prepared in the office in October. In connection
with this, assistance was given for the Public Health Exhibit at the Lunch-
eon of the Massachusetts Nurses Association, and for the Nursing Exhibit
at the Lunch-eon meeting of the Massachusetts League of Nursing Education which
was held during the Convention. A report of these two meetings will also
be given at the Annual Meeting of Boston Graduate Nurses.

Boston was represented in the pilot in the beginning the recruiting observation
period for Public Health Nursing. Twenty-three applications were received
this spring, all agree that the plan is working well.

The nurse consultant also attended the Institute for Assistant Nurses
which was held during the week of the Household Nursing Association and
helped with conferences. She also attended the following meetings on the
Waltham Visiting Nurse Association.

Effective operation of the Nursing Council depends a great deal on the
relationships with professional organizations, and it is necessary to partic-
ipate in the activities of these organizations in order to carry out the
objectives of the Council.

During the past two months, the nurse consultant attended the Board meeting of District No. 5, Massachusetts State Nurses Association, and also reported to the regular meeting of the District on the House of Delegates meeting held in Chicago. For the State Association she attended two Board meetings, arranged for a newspaper reporter to speak at an Advisory Council meeting, held one meeting of the Public Relations Committee of which she is chairman, and attended a meeting of the Personnel Policies Committee.

She acted as chairman of publicity for the Convention and is pleased that there were 63 news items. The reporting was better this year than it has ever been and everyone seemed satisfied.

The Fact Sheet which the Public Relations Committee has been working on is now at the printers and will be ready for distribution shortly. This should be helpful in a recruiting program.

She has also attended one board meeting of the Massachusetts Organization for Public Health Nursing.

COMMITTEE ON REFERRALS

As a result of the work of the Committee to Consider Observation and Affiliations for Students and Graduates in Public Health Nursing, it is clear that if the patient is to receive total adequate medical care, there should be a much better referral system correlating the recommendations of the physician upon discharge, better follow-up for return for clinical care, and prompt referral at the time of discharge to the Visiting Nurse Association. This committee has requested the Board of Directors to consider setting up such a committee. The members present were in agreement that this is certainly needed but that physicians, hospital administrators, medical social workers, as well as the nurse responsible for discharge, and the visiting nurse associations are involved, and it was, therefore,

VOTED that the request be made that this committee should be set up as a committee of the division as a whole.

RECRUITMENT

There was general discussion in regard to securing a chairman for the Recruitment Committee and Mrs. Hayward was directed to continue working on the appointment, several names being suggested by the Board.

VACANCIES

There are two vacancies on the Board due to the resignation of Miss Knox and Miss Bliss. The Board is in power to fill these vacancies until the next annual meeting. It was

VOTED that Miss Shrader and Miss Wakefield be invited to fill these terms until the next annual meeting, and that Miss Vesey should be an alternate if either does not accept.

The meeting adjourned at 5:00 p.m.

MARGARET H. TRACY, SECRETARY

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